

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/7/03.

## **I. DISPUTE**

Whether there should be reimbursement for \$986.06 for dates of service commencing on 8/7/03 and extending through 8/19/03.

## **II. RATIONALE**

The Requestor states, in their letter dated 10/14/03, "Per EOB's received from your company, modality charges were denied for a variety of reasons. The EOB's reflect recommended payments even though the noted CPT codes on the EOB's do not match the HCFA bills. After careful analysis of the account, we were able to match up the discrepancies."

The Carriers response, dated 12/1/03, states in part, "Attached is the completed TWCC-60 in accordance with 28 TAC Sections 133.307 (e)(3) and 133.308 (g) and (h). This is a fee dispute concerning dates of service 8/13/03 through 8/19/03. All fees were paid according to Medical Fee Guideline."

Commission Rule 134.202 (b), Medical Fee Guideline, effective 8/1/03, states that, "For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a services is provided with any additions or exceptions in this section." To determine the maximum allowable reimbursement (MAR) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications: Rule 134.202 (c) (1) states, "For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology. The conversion factor to be used for determining reimbursement in the Texas workers' compensation system is the effective conversion factor adopted by Centers for Medicare and Medicaid Services multiplied by 125%. For Anesthesiology services, the same conversion factor shall be used."

Per the Requestors Table of Disputed Service the provider billed CPT 97140, in 3 units, for each of the listed dates of service; 8/7/03, 8/8/03, 8/11/03, 8/12/03, 8/13/03, 8/14/03, 8/15/03, 8/18/03 and 97140 (1 unit) 8/19/03. Total billed units, 25. Requested reimbursement, \$821.61. There was no response, regarding CPT 97140 from the Respondent. The maximum allowable reimbursement is \$34.05 per unit. Therefore, reimbursement is recommended for \$851.25 (\$34.05 x 25 units).

The provider billed CPT 97010 for dates of service 8/7/03 and 8/8/03. Service was denied as, "F-Reduced According to Fee Guideline." Requested reimbursement is \$11.00 for each date of service. The maximum allowable reimbursement is \$5.66 for each date of service, totaling \$11.32. Therefore reimbursement is recommended for \$11.32.

The provider billed CPT L0500 for date of service 8/7/03. Service was denied as, "F-Reduced According to Fee Guideline." Requested reimbursement is \$142.45. Per Commission Rule 133.307 (F) states, in part, "if the dispute involves health care for which the commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the amount the respondent paid is a fair and reasonable rate..." The Respondent provided no documentation. Therefore, reimbursement is not recommended.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code(s) 97140 and 97010 in the amount of **\$862.57**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$862.57** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 30<sup>th</sup> day of January 2004.

Terri Chance  
Medical Dispute Resolution Officer  
Medical Review Division

TC/tc